

# Deposit Account Maintenance



Deposit Account Window Help



## Deposit Account

Number: 070832

Balance Amount: 6.50

## Holder

Name: THOMSON LICENSING INC.



## Address

Attention: MS. CONNIE MIX

Street: TWO INDEPENDENCE WAY

Province:

City: PRINCETON

State: NJ

Postal Code: 08540

Country: US

Telephone: 609-734-6822

Fax: 609-734-6888

## Details

Category Code: NONGOVNMNT

Type: REGULAR

Notification Amt: 0.00

Status

Access Code:

☒ Active ☐ Closed

DEMMANU1 11/22/2005

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# NOTICE OF FEE DUE

DATE:

11-21-05

TO:

Follow-on (Flat)

FROM:

Office of Initial Patent Examination

SUBJECT:

Fee Due

APPLICATION NUMBER 09-786-616

A fee is due for the attached document submitted to the U.S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorizations to charge a deposit account if an authorization is present, please charge the Appropriate Fee. If and authorization is not present, notify the applicant of the fee deficiency.

☐

Insufficient fee by check

☒

Insufficient funds in deposit amount

☐

Insufficient by Credit Card

☐

Declined credit card

☐

Non-authorization for charge to deposit account

☐

No fee submitted per requirement

The correct fee code: 1253

Amount

\$ 1020.00

The suspended fee code: 1999

Amount

\$

The suspended 1622

Amount

\$

The suspended 2622

Amount

\$

Fee Due

\$ 1020.00

Terminal Operator

